

**Recipient Committee  
Campaign Statement  
Cover Page**

|  |  |
|--|--|
| Date Stamp<br><b>RECEIVED</b><br><br>OCT 25 2018 | <b>CALIFORNIA FORM 460</b>                   |
|  | Page _____ of _____<br>For Official Use Only |

|   |   |
|---|---|
| Statement covers period<br>from <u>9/23/18</u><br><br>through <u>10/20/18</u> | Date of election if applicable:<br>(Month, Day, Year)<br><br><u>11/6/18</u> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

|   |   |
|---|---|
| <p><b>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</b></p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br/> <input type="checkbox"/> State Candidate Election Committee<br/> <input type="checkbox"/> Recall<br/> <i>(Also Complete Part 5)</i></p> <p><input type="checkbox"/> General Purpose Committee<br/> <input type="checkbox"/> Sponsored<br/> <input type="checkbox"/> Small Contributor Committee<br/> <input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee<br/> <input type="checkbox"/> Controlled<br/> <input type="checkbox"/> Sponsored<br/> <i>(Also Complete Part 6)</i></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br/> <i>(Also Complete Part 7)</i></p> | <p><b>2. Type of Statement:</b></p> <p><input checked="" type="checkbox"/> Preelection Statement<br/> <input type="checkbox"/> Semi-annual Statement<br/> <input type="checkbox"/> Termination Statement<br/> <i>(Also file a Form 410 Termination)</i><br/> <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement<br/> <input type="checkbox"/> Special Odd-Year Report</p> |
|---|---|

|   |           |              |                     |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |   |      |       |          |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |
|---|-----------|--------------|---------------------|-----------------|----------------------|-----------|--------------|---------------------|------|-------|----------|-----------------|--|--|--|--|---|------|-------|----------|-----------------|----------------------|-----------|--------------|---------------------|------|-------|----------|-----------------|--|--|--|--|
| <p><b>3. Committee Information</b></p> <p>I.D. NUMBER<br/><u>1294526</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)<br/><u>Re-elect Jim Reed for City Council 2018 Committee</u></p> <p>STREET ADDRESS (NO P.O. BOX)<br/><u>225 Navigator Drive</u></p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td><u>Scotts Valley</u></td> <td><u>CA</u></td> <td><u>95066</u></td> <td><u>831-461-0222</u></td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p> | CITY      | STATE        | ZIP CODE            | AREA CODE/PHONE | <u>Scotts Valley</u> | <u>CA</u> | <u>95066</u> | <u>831-461-0222</u> | CITY | STATE | ZIP CODE | AREA CODE/PHONE |  |  |  |  | <p><b>Treasurer(s)</b></p> <p>NAME OF TREASURER<br/><u>Jim Reed</u></p> <p>MAILING ADDRESS<br/><u>225 Navigator Drive</u></p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td><u>Scotts Valley</u></td> <td><u>CA</u></td> <td><u>95066</u></td> <td><u>831-461-0222</u></td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>MAILING ADDRESS</p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p> | CITY | STATE | ZIP CODE | AREA CODE/PHONE | <u>Scotts Valley</u> | <u>CA</u> | <u>95066</u> | <u>831-461-0222</u> | CITY | STATE | ZIP CODE | AREA CODE/PHONE |  |  |  |  |
| CITY  | STATE     | ZIP CODE     | AREA CODE/PHONE     |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |   |      |       |          |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |
| <u>Scotts Valley</u>  | <u>CA</u> | <u>95066</u> | <u>831-461-0222</u> |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |   |      |       |          |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |
| CITY  | STATE     | ZIP CODE     | AREA CODE/PHONE     |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |   |      |       |          |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |
|   |           |              |                     |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |   |      |       |          |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |
| CITY  | STATE     | ZIP CODE     | AREA CODE/PHONE     |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |   |      |       |          |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |
| <u>Scotts Valley</u>  | <u>CA</u> | <u>95066</u> | <u>831-461-0222</u> |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |   |      |       |          |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |
| CITY  | STATE     | ZIP CODE     | AREA CODE/PHONE     |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |   |      |       |          |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |
|   |           |              |                     |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |   |      |       |          |                 |                      |           |              |                     |      |       |          |                 |  |  |  |  |

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

|                                     |   |
|-------------------------------------|---|
| Executed on <u>10/25/18</u><br>Date | By _____<br>Signature of Treasurer or Assistant Treasurer   |
| Executed on <u>10/25/18</u><br>Date | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on _____<br>Date           | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent                                   |
| Executed on _____<br>Date           | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent                                   |

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Jim Reed**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**City Councilmember, City of Scotts Valley**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**225 Navigator Drive, Scotts Valley, CA 95066**

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|  |   |
|--|---|
| COMMITTEE NAME                                 | I.D. NUMBER   |
| NAME OF TREASURER                              | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |   |
| CITY STATE ZIP CODE AREA CODE/PHONE            |   |

  

|  |   |
|--|---|
| COMMITTEE NAME                                 | I.D. NUMBER   |
| NAME OF TREASURER                              | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |   |
| CITY STATE ZIP CODE AREA CODE/PHONE            |   |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 9/23/18  |                                |
| through                 | 10/20/18 | Page _____ of _____            |
| NAME OF FILER           |          | I.D. NUMBER                    |
| Jim Reed                |          | 1294526                        |

SEE INSTRUCTIONS ON REVERSE

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i>    | \$ 6,765   | \$ 17,070                                  |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | 0  | 0  |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ 6,765   | \$ 17,070                                  |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | 0  | 446  |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ 6,765   | \$ 17,516                                  |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

1/1 through 6/30      7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

|   | Column A  | Column B  |
|---|-----------|-----------|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                   | \$ 14,226 | \$ 14,276 |
| 7. Loans Made..... <i>Schedule H, Line 3</i>                      | 0         | 0         |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>             | \$ 14,226 | \$ 14,276 |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | 1,689     | 1,689     |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>         | 0         | 0         |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>      | \$ 15,915 | \$ 15,965 |

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

|   | Column A  |
|---|-----------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>             | \$ 10,305 |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i>                              | 6,765     |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>                | 0         |
| 15. Cash Payments..... <i>Column A, Line 8 above</i>                              | 14,226    |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 2,844  |

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

|   |          |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>             | \$ 0     |
| <b>Cash Equivalents and Outstanding Debts</b>                           |          |
| 18. Cash Equivalents..... <i>See instructions on reverse</i>            | \$ 0     |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ 1,689 |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 9/23/18  |                                |
| through                 | 10/20/18 | Page _____ of _____            |
| NAME OF FILER           |          | I.D. NUMBER                    |
| Jim Reed                |          | 1294526                        |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/23/18            | Sam Liccardo<br>410 North 15th Street<br>San Jose, CA 95112                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mayor, City of San Jose   | 100                         | 100  | 100                                   |
| 9/23/18            | Jessica Garcia-Kohl<br>410 North 15th Street<br>San Jose, CA 95112                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive Director,<br>Westly Foundation  | 100                         | 100  | 100                                   |
| 9/23/18            | Michael Shulman<br>15 Kerry Ct.<br>Scotts Valley, CA 95066                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired; President,<br>Scotts Valley School Board   | 100                         | 100  | 100                                   |
| 9/23/18            | Hanh Nguyen<br>3630 Deep Harbor Ct<br>San Jose, CA 95111  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Government Affairs,<br>Kaiser-Permanente  | 100                         | 100  | 100                                   |
| 9/27/18            | Val Rebhanh<br>4180 Glenwood Drive<br>Scotts Valley, CA 95066                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  | 100                                   |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500</b>                  |  |                                       |

**Schedule A Summary**

|  |                       |
|--|-----------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$ 2,700              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$ 4,065              |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | <b>TOTAL \$ 6,765</b> |

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
           (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |  |                            |
|-------------------------|--|----------------------------|
| Statement covers period |  | <b>CALIFORNIA FORM 460</b> |
| from <u>9/23/18</u>     |  |                            |
| through <u>10/20/18</u> |  | Page _____ of _____        |
| NAME OF FILER           |  | I.D. NUMBER                |
| Jim Reed                |  | 1294526                    |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/27/18            | Frederick Keeley<br>121 Market St.<br>Santa Cruz, CA 95060                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lecturer, Panetta<br>Institute, San Jose State<br>University                                  | 100                         | 100  | 100                                   |
| 10/1/18            | Stephen D. Walpole<br>1755 Glenwood Drive<br>Scotts Valley, CA 95066                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired Scotts Valley<br>Police Chief   | 100                         | 100  | 100                                   |
| 10/1/18            | Jennifer Johnson<br>459 Monterey Ave.<br>Los Gatos, CA 95030                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Public Affairs, Canyon<br>Snow Consulting   | 100                         | 100  | 100                                   |
| 10/2/18            | Joseph Bugna<br>116 Lauren Circle<br>Scotts Valley, CA 95066                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Small businessowner,<br>Banana Promotions   | 100                         | 100  | 100                                   |
| 10/8/18            | Julie Mazurek<br>552-83 Bean Creek Rd.<br>Scotts Valley, CA 95066                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired   | 100                         | 100  | 100                                   |
| <b>SUBTOTAL \$</b> |   |   |   | 500                         |  |                                       |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |          |                            |
|-------------------------|----------|----------------------------|
| Statement covers period |          | <b>CALIFORNIA FORM 460</b> |
| from                    | 9/23/18  |                            |
| through                 | 10/20/18 | Page _____ of _____        |
| NAME OF FILER           |          | I.D. NUMBER                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Jim Reed

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/8/18            | Bob Mazurek<br>552-83 Bean Creek Rd.<br>Scotts Valley, CA 95066                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired   | 100                         | 100  | 100                                   |
| 10/12/18           | Jan Schneider<br>1775 Story Road, #115<br>San Jose, CA 95122                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | small businessowner, R<br>& J Jewelry and Loan  | 100                         | 100  | 100                                   |
| 10/12/18           | John Schneider<br>1775 Story Road, #115<br>San Jose, CA 95122                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | small businessowner, R<br>& J Jewelry and Loan  | 100                         | 100  | 100                                   |
| 10/13/18           | Ed Rossi<br>405 Pioneer Lane<br>Scotts Valley, CA 95066   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | philanthropist, retired   | 100                         | 100  | 100                                   |
| 10/13/18           | Mari Rossi<br>405 Pioneer Lane<br>Scotts Valley, CA 95066                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | philanthropist, retired   | 100                         | 100  | 100                                   |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500</b>                  |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 9/23/18  |                                |
| through                 | 10/20/18 | Page _____ of _____            |
| NAME OF FILER           |          | I.D. NUMBER                    |
| Jim Reed                |          |                                |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/16/18           | Phil Boyce<br>20900 Boyce Lane<br>Saratoga, CA 95070  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired   | 100                         | 100  | 100                                   |
| 10/18/18           | Mark Collishaw<br>190 Old Coach Road<br>Scotts Valley, CA 95066                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President, Collishaw Constructio  | 100                         | 100  | 100                                   |
| 10/18/18           | Kristin Collishaw<br>190 Old Coach Road<br>Scotts Valley, CA 95066                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | homemaker   | 100                         | 100  | 100                                   |
| 10/18/18           | Jeff Mora Construction<br>PO Box 1168<br>Felton, CA 95018                                       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 100                         | 100  | 100                                   |
| 10/18/18           | Gregory Cox<br>109 Vine Hill School Rd.<br>Scotts Valley, Ca 95066                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | self-employed, Cox Construction   | 100                         | 100  | 100                                   |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500</b>                  |  |                                       |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period<br>from <u>9/23/18</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>10/20/18</u>                        |  |                                |
| Page _____ of _____                            |  | I.D. NUMBER                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Reed

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/18/18           | Bob Slawinski<br>PO Box 670059<br>Scotts Valley, CA 95066                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired   | 100                         | 100  | 100                                   |
| 10/18/18           | Carol Slawinski<br>PO Box 670059<br>Scotts Valley, CA 95066                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired   | 100                         | 100  | 100                                   |
| 10/18/18           | Charlene Maxwell<br>16 Sunset Terrace<br>Scotts Valley, CA 95066                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired   | 100                         | 100  | 100                                   |
| 10/18/18           | Eugene Bustichi<br>1 Sunset Terrace<br>Scotts Valley, CA 95066                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | self-employed, Bustichi and Son   | 100                         | 100  | 100                                   |
| 10/18/18           | Giovanni Bustichi<br>13 Sunset Terrace<br>Scotts Valley, CA 95066                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | self-employed, Giovanni Bustichi Construction   | 100                         | 100  | 100                                   |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500</b>                  |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee



**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                             |          |                            |
|-----------------------------|----------|----------------------------|
| Statement covers period     |          | <b>CALIFORNIA FORM 460</b> |
| from                        | 9/23/18  |                            |
| through                     | 10/18/18 | Page _____ of _____        |
| SEE INSTRUCTIONS ON REVERSE |          | I.D. NUMBER                |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Jim Reed

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/18/18           | Dene Bustichi<br>13 Sunset Terrace<br>Scotts Valley, CA 95066                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | small businessowner,<br>Bustichi Construction   | 100                         | 100  | 100                                   |
| 10/18/18           | Jennifer Ralston<br>230 Burlwood<br>Scotts Valley, CA 95066                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | attorney, Citrix  | 100                         | 100  | 100                                   |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>200</b>                  |  |                                       |

**Schedule A Summary**

|  |                       |
|--|-----------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$ 2,700              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$ 4,065              |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | <b>TOTAL \$ 6,765</b> |

**\*Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                             |          |                                |
|-----------------------------|----------|--------------------------------|
| Statement covers period     |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                        | 9/23/18  |                                |
| through                     | 10/20/18 | Page _____ of _____            |
| SEE INSTRUCTIONS ON REVERSE |          | I.D. NUMBER                    |
| NAME OF FILER               |          | 1294526                        |
| Jim Reed                    |          |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Reed

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| BCE Strategies<br>1597 Chambers Drive<br>San Jose, CA 95118         | CNS     |                        | 500         |
| AMS<br>1725 de la Cruz Blvd.<br>Santa Clara, CA 95050               | LIT     |                        | 2,685       |
| AMS<br>1725 de la Cruz Blvd.<br>Santa Clara, CA 95050               | LIT     |                        | 2,685       |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 5,870**

**Schedule E Summary**

|  |                        |
|--|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 14,226              |
| 2. Unitemized payments made this period of under \$100   | \$                     |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$                     |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 14,226</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 9/23/18  |                                |
| through                 | 10/20/18 | Page _____ of _____            |
| NAME OF FILER           |          | I.D. NUMBER                    |
| Jim Reed                |          | 1294526                        |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)            | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| AMS<br>1725 de la Cruz Blvd.<br>Santa Clara, CA 95050                          | LIT  |    |                        | 3,065       |
| Storefront Political Media<br>160 Pine Street, #200<br>San Francisco, CA 94111 |      |    | digital media ad buy   | 4,000       |
| Storefront Political Media<br>160 Pine Street, #200<br>San Francisco, CA 94111 |      |    | voter file             | 125         |
| Storefront Political Media<br>160 Pine Street, #200<br>San Francisco, CA 94111 | WEB  |    |                        | 500         |
| Roger Snyder<br>407 Southwood Dr.<br>Scotts Valley, CA 95066                   | LIT  |    |                        | 407         |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 8,097**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 9/23/18  |                                |
| through                 | 10/20/18 | Page _____ of _____            |
| NAME OF FILER           |          | I.D. NUMBER                    |
| Jim Reed                |          |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Reed

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT   | AMOUNT PAID |
|---|---------|--------------------------|-------------|
| Democracy Engine<br>237 Florida Ave. NW<br>Washington, DC 20001     |         | online contribution fees | 259         |
|   |         |                          |             |
|   |         |                          |             |
|   |         |                          |             |
|   |         |                          |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 259**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|                         |          |                            |
|-------------------------|----------|----------------------------|
| Statement covers period |          | <b>CALIFORNIA FORM 460</b> |
| from                    | 9/23/18  |                            |
| through                 | 10/20/18 | Page _____ of _____        |
| NAME OF FILER           |          | I.D. NUMBER                |
| Jim Reed                |          | 1294526                    |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)         | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|---|--|
| Press-Banner<br>5125 Scotts Valley Drive<br>Scotts Valley, CA 95066            | advertising                    | 0   | 499                                | 0   | 499  |
| Storefront Political Media<br>160 Pine Street, #200<br>San Francisco, CA 94111 | video production costs         | 0   | 690                                | 0   | 690  |
| BCM Strategies<br>1597 Chambers Drive<br>San Jose, 95118                       | CNS                            | 0   | 1,000                              | 500   | 500  |
| <b>SUBTOTALS \$</b>  |                                | 0 \$  | 2,189 \$                           | 500 \$  | 1,689  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 1,689
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 1,689  
May be a negative number